

North Dakota Medicaid Trading Partner ICD-10 Testing Instructions

Updated: May 29, 2015

Purpose and Scope of ICD-10 Testing with North Dakota Medicaid

The primary purpose of testing ICD-10 claims with North Dakota (ND) Medicaid is to allow providers to confirm the correct coding/creation of claims using ICD-10-CM diagnosis and ICD-10 Procedural Coding System (PCS) codes. Providers are encouraged to perform parallel-type testing by submitting claims coded using ICD-9 codes and then also submitting the equivalent claims coded in ICD-10. ND Medicaid does not guarantee any form of payment based on the responses received during the ICD-10 testing phase. The testing results may not reflect current reimbursement or payment methodology. The ICD-10 code set is currently still in draft format and will be finalized prior to October 1, 2015.

Testing Dates: 3/2/2015 – 9/30/2015

Test files can be submitted for inclusion in ICD-10 testing starting March 2, 2015. Testing will continue until September 30, 2015.

Predecessors to Participating in Testing

Test files will only be accepted from approved trading partners. Providers wishing to participate in ICD-10 testing must submit their claims via an approved trading partner or become an approved trading partner. To become an approved trading partner, please contact the Trading Partner Enrollment Staff. Contact information is provided below.

Test File Requirements

- The only transactions that will be accepted during ICD-10 testing are X12N 5010 837 claim transactions. X12N 5010 837P, 837I, and 837D transactions are the only formats that will be accepted as part of ICD-10 testing.
- We recommend that test files not exceed 100 claims per provider per file.
- The ICD-10 effective date will be set to 2/1/2015 in the system for testing purposes. This means that when creating your test files you should **use ICD-9 codes and ICD-9 qualifiers for dates of service prior to 2/1/2015. For dates of service on or after 2/1/2015 you should use ICD-10 codes and qualifiers.**
- The test system will be loaded with production MMIS data to support your testing as follows:
 - Member Eligibility – Production data loaded from the Legacy ND MMIS as of 09/2014. Eligibility end dates have been extended to 12/31/2015.
 - Provider and Trading Partner Eligibility– Trading partner and provider data will be kept in sync with production Health Enterprise.
 - Claims History – Seven years of production history data from the legacy MMIS as of 08/2014.
- Test Files: It is the Provider's responsibility to create Test Files for North Dakota Medicaid using the Test File Requirements mentioned earlier. It is not the responsibility of your Clearinghouse or Billing Service to create these test claims for the Provider. Once you have created an ICD10

Test file you will then send the Test File to your Clearinghouse or Billing Agent. The Clearinghouse or Billing Agent will then send the Test File to ND Medicaid for Adjudication.

- All Test Claims **must** contain Taxonomy Codes at all Levels (Billing, Rendering, etc). Claims without Taxonomy Codes will be Denied. The Taxonomy Codes on the claims must match what provided on the Re-Enrollment Applications for all Groups/Facilities and Individual Providers.
- If you are unsure of the taxonomy code chosen during the ND Health Enterprise MMIS enrollment process, you may review your individual enrollment election at <http://www.nd.gov/dhs/info/mmis.html>.

Where to submit/pickup files during ICD-10 testing

Batch MMIS test files will need to be submitted via our North Dakota File Transfer system. You will receive an email outlining the steps for submitting and receiving EDI files to the North Dakota test system.

Batch File Transfer Instructions

The batch file transfer instructions can be found at:

www.nd.gov/dhs/services/medicalserv/medicaid/docs/icd10-file-transfer.pdf.

Timing of test batch cycles and cutoff times for claim submissions

Batch MMIS test cycles will execute once a week on Friday afternoons. Files received prior to 11:00 am CT will be processed in the current week's batch cycle. Files received after 11:00 am CT on Friday afternoons will be processed in the following week's batch cycle.

System Outputs

You can expect to receive X12C 999 acknowledgement transactions and EDIFECs error reports in response to your electronic file submissions. The system will produce and deliver transaction acknowledgements to trading partner mailboxes within minutes of receiving test files. This typically occurs in less than 15 minutes, but please allow up to one hour before reporting that acknowledgements were not received. On a weekly basis you can expect the system to produce X12N 5010 835 and 277CA transactions as well as images of paper remittance advices for those claims that passed X12 validation and were thus processed through the weekly adjudication and financial cycles.

Frequently Asked Questions and Contact Information

Frequently asked questions (FAQs) can be found at:

www.nd.gov/dhs/services/medicalserv/medicaid/docs/icd10-faq.pdf.

After reviewing the FAQs, if you still have questions please contact the Trading Partner Enrollment Staff by email at: ndmmisedi@nd.gov or via the Trading Partner Hotline at 1-844-848-0844.